

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 4		
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div>DAAE20-02-D-0072</div>			2. DELIVERY ORDER/CALL NO. <div>0002</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div>2003FEB04</div>		4. REQUISITION/PURCH REQUEST NO. <div>SEE SCHEDULE</div>		5. PRIORITY <div>DOA5</div>			
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CAC CELESTE HOBERT (309)782-1262 ROCK ISLAND IL 61299-7630 EMAIL: HOBERTC@RIA.ARMY.MIL			CODE <div>W52H09</div>		7. ADMINISTERED BY (If other than 6) <div>DCMA CHICAGO 1523 WEST CENTRAL ROAD ARLINGTON HEIGHTS IL 60005-2451</div>			CODE <div>S1403A</div>		8. DELIVERY FOB <div><input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)</div>		
9. CONTRACTOR <div>MATER MFG INC 149 W IRVING PARK RD SCHAUMBURG IL 60172 1119</div>			CODE <div>61300</div>		FACILITY <div></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div>SEE SCHEDULE</div>			11. X IF BUSINESS IS <div><input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED</div>		
NAME AND ADDRESS <div>TYPE BUSINESS: Other Small Business Performing in U.S.</div>			12. DISCOUNT TERMS		13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div>See Block 15</div>							
14. SHIP TO <div>SEE SCHEDULE</div>			CODE <div></div>		15. PAYMENT WILL BE MADE BY <div>DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381</div>				CODE <div>HQ0339</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <div><input checked="" type="checkbox"/></div>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.								
PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.		furnish the following on terms specified herein.								
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.								
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div>SEE SCHEDULE</div>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA ELYSE E MEADE /SIGNED/ MEADEE@RIA.ARMY.MIL/2003FEB04 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL <div>\$48,145.20</div>			
27a. QUANTITY IN COLUMN 20 HAS BEEN <div><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED</div>												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			31. PAYMENT <div><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					31. PAYMENT <div><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>				34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

CONTINUATION SHEET	Reference No. of Document Being Continued	Page 2 of 4
	PIIN/SIIN DAAE20-02-D-0072/0002 MOD/AMD	
Name of Offeror or Contractor: MATER MFG INC		

SUPPLEMENTAL INFORMATION

1. This action is for Fiscal Year 03 requirements as follows:

CLIN	NOMENCLATURE	QTY	NSN	P/N	U/P
0001AA	Switch Box	53 each	5930-01-218-2199	937944	\$908.20

2. Total obligated amount of this action is \$48,145.20.

3. Delivery is set forth in Schedule B.

4. All other terms and conditions remain the same.

\*\*\* END OF NARRATIVE A 001 \*\*\*

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-02-D-0072/0002 MOD/AMD	Page 3 of 4
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Name of Offeror or Contractor: MATER MFG INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>  NSN: 5930-01-218-2199 FSCM: 19200 PART NR: 9379744 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u>  NOUN: SWITCH BOX PRON: M132A532M1 PRON AMD: 01 ACRN: AA AMS CD: 060011 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H093029H958 W45G19 J 2 <u>DEL REL CD QUANTITY DEL DATE</u> 001 28 15-MAR-2004  FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W45G19) SR W390 RED RIVER MUNITIONS CTR HIGHWAY 82 WEST CL V GATE 44 BLDG 184 TEXARKANA TX 75507-5000  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-02-D-0072/0002  DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 002 W52H093029H959 W25G1U J 2 <u>DEL REL CD QUANTITY DEL DATE</u> 001 25 15-MAR-2004  FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-02-D-0072/0002	53	EA	\$ 908.40000	\$ 48,145.20

Name of Offeror or Contractor: MATER MFG INC

CONTRACT ADMINISTRATION DATA

										JOB				
LINE	PRON/	OBLG								ORDER	ACCOUNTING		OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0001AA	M132A532M1	AA	2	97	X4930AC9G	6D		26KB	S11116		W52H09	\$	48,145.20	
060011														
											TOTAL	\$	48,145.20	
SERVICE											ACCOUNTING	OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>				<u>ACCOUNTING CLASSIFICATION</u>						<u>STATION</u>	<u>AMOUNT</u>		
Army	AA		97	X4930AC9G	6D		26KB	S11116		W52H09	\$	48,145.20		
											TOTAL	\$	48,145.20	